CANTONMENT	, FL 32533			
Current Mai	ling Address:			
908 GARDENGATE CIRCLE				
PENSACOL	A, FL 32504 US			
FEI Number: 82-1675374			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
KELLEY, CHERYL ETHERIDGE 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	orida.
	d entity submits this statement for the purpose of changing its regis E: CHERYL KELLEY	tered office or regis	tered agent, or both, in the State of Fl	orida. 04/16/2019
	, , , , , , , , , , , , , , , , , , , ,	tered office or regis	tered agent, or both, in the State of Fl	
	E: CHERYL KELLEY Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fl	04/16/2019
SIGNATURE	E: CHERYL KELLEY Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	04/16/2019
SIGNATURE Officer/Dire	CHERYL KELLEY Electronic Signature of Registered Agent ctor Detail :			04/16/2019
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : PD	Title	VPD	04/16/2019
SIGNATURE Officer/Dire Title Name	E: CHERYL KELLEY Electronic Signature of Registered Agent Ctor Detail : PD RAWSON, CODY	Title Name	VPD RAWSON, CHASE	04/16/2019
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD RAWSON, CODY 106 STONE BLVD.	Title Name Address	VPD RAWSON, CHASE 106 STONE BLVD.	04/16/2019

Address

4400 BAYOU BLVD. #46

City-State-Zip: PENSACOLA FL 32504

STD

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: WOODLYN MEADOWS HOMEOWNERS' ASSOCIATION, INC.

DOCUMENT# N15000001585

106 STONE BLVD.

Current Principal Place of Business:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRIN JOHNSON

106 STONE BLVD.

CANTONMENT FL 32533

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

04/16/2019

Date